PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

oler the Paner	Reduction A	ct of 1995	no persons are required	l to re				ARTMENT OF COMMERCE a valid OMB control number	
Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num	ber 09,	/057,313			
FEE TRANSMITTAL				- [	Filing Date	04	/08/1998		
For FY 2005				First Named Inve	entor Mc	Cown et al.	·		
Applicant plains arrell artiturately See 27 CER 1 27					Examiner Name	Mo	Allister		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit	36	52		
TOTAL AMOUN	T OF PAYMEN	T (\$)	200.00		Attorney Docket	No. 03	3449-002		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 20-0809  Deposit Account Name: Thompson Hine LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	F	ILING FE Sm	EES SI nall Entity	EAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application '	Type Fo			e (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	3	00	150 5	00	250	200	100		
Design	2	200	100	00	50	130	65		
Plant	2	:00	100 3	00	150	160	80		
Reissue	3	00	150 5	00	250	600	300		
Provisional		00	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entition Fee (\$) Fee (\$)									
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  50 25									
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100									
	Multiple dependent claims 360 180								
Total Claims 42 - 20	<u>Extra</u> 0 or HP = 0	a Claims	$\frac{\text{Fee (\$)}}{x 50} = \frac{1}{3}$		Paid (\$)		Dependent Claim	<del>_</del>	
HP = highest num						<u>Fee (\$</u>	) <u>Fee Pa</u>	10 (\$)	
Indep. Claims		a Claims			Paid (\$)				
	or HP = 1		x 200 = 2 aid for, if greater than 3	200					
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = 123456 (round up to a whole number) x =									
4. OTHER FEE	4. OTHER FEE(S)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)									
Other:									
SUBMITTED BY 7.0									
Signature	8LV	W		1	Registration No. 4	1,733	Telephone	e 937.443.6838	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Steven J. Elleman

(Attorney/Agent)

Date



## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in the envelope addressed to: Commissioner of Patents, Alexandria, VA 22313-1450 on

Steven J. Elleman

Reg. No.

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## Application of

**Applicant** 

McCown et al.

Serial No.

09/057,313

Filed

April 8, 1998

Title

CONTAINER TRANSPORTATION SYSTEM AND METHOD

Docket Examiner 033449-002

Art Unit

McAllister

3652

Commissioner of Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Sir:

## AMENDMENT AFTER FINAL REJECTION

In response to the Office action mailed on November 16, 2004, please amend this application as follows: